



**PATIENT**

Sir Edgar Allen Poe  
Zabriniski

**SPECIES**

Canine

**BREED**

Yorkshire Terrier mix

**SEX**

MN

**AGE**

10yr

**WEIGHT**

10.5lb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Wood River Animal  
Hospital

**REFERRING VET**

Dr. Schuelke

**INVOICE**

12530ag

**DATE**

12/23/2022

**PRESENTING CLINICAL SIGNS**

Recently adopted. Progressive coughing/gagging. Cough elicited on palpation. Radiographs- mild cardiomegaly and hepatomegaly. On exam: no murmur or arrhythmia. Albumin 2.5 (low). On Hydrocan 5mg, 1/2 tab BID to TID. Having bi-cavity ultrasound exams.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented a largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.71 cm in length.

*Adrenal Glands*

The adrenal glands appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 0.87 cm caudal pole width by 0.57 cm cranial pole width. The right adrenal gland measured 0.75 cm caudal pole width by 0.58 cm cranial pole width.

*Spleen*

The spleen presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and was folded upon itself caudally. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

*Liver*

The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

*Gastrointestinal*

Examination of the gastrointestinal tract revealed some mucosal fogging and striations in the small intestine with normal curvilinear patterns otherwise. Intestinal wall thickness measured up to 0.40 cm.



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*Pancreas*

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Yorkshire Terrier mix

- Age related abdominal changes
- Slight bilateral adrenal hypertrophy
- Minor mucosal fogging/striations-if no significant proteinuria is present then PLE may be developing
- Moderate pancreatic remodeling

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

10yr

A diet change to potential Purina HA or Royal Canin HP diet may be appropriate for this patient. ALB levels should be monitored.

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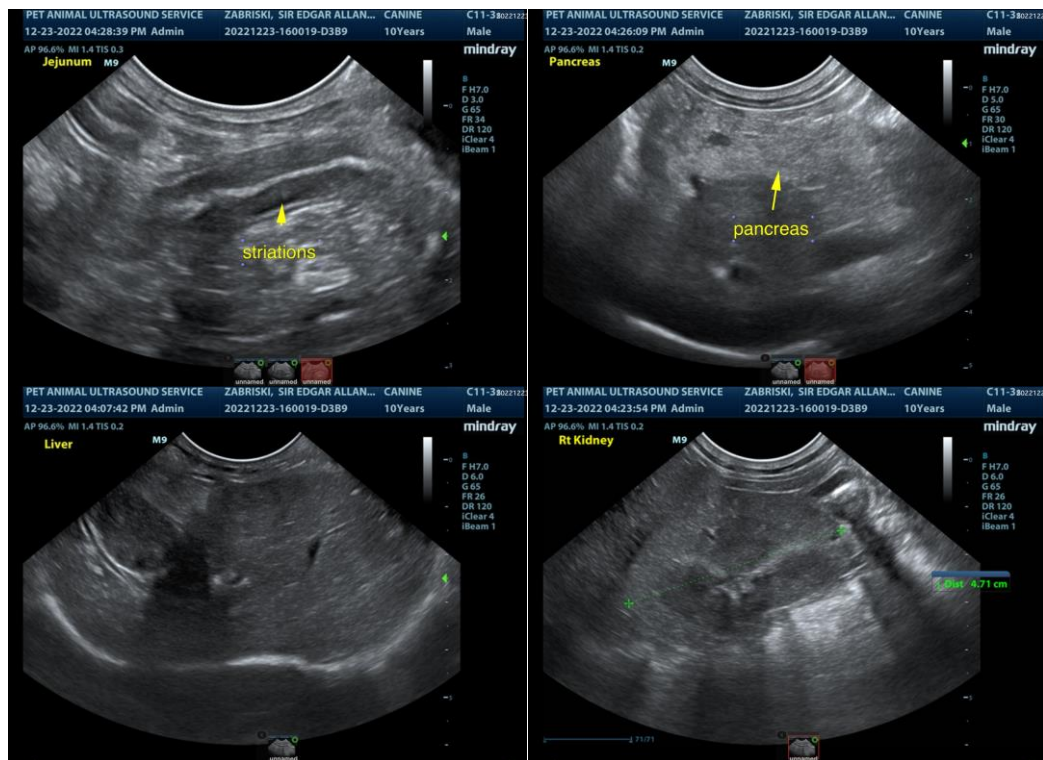
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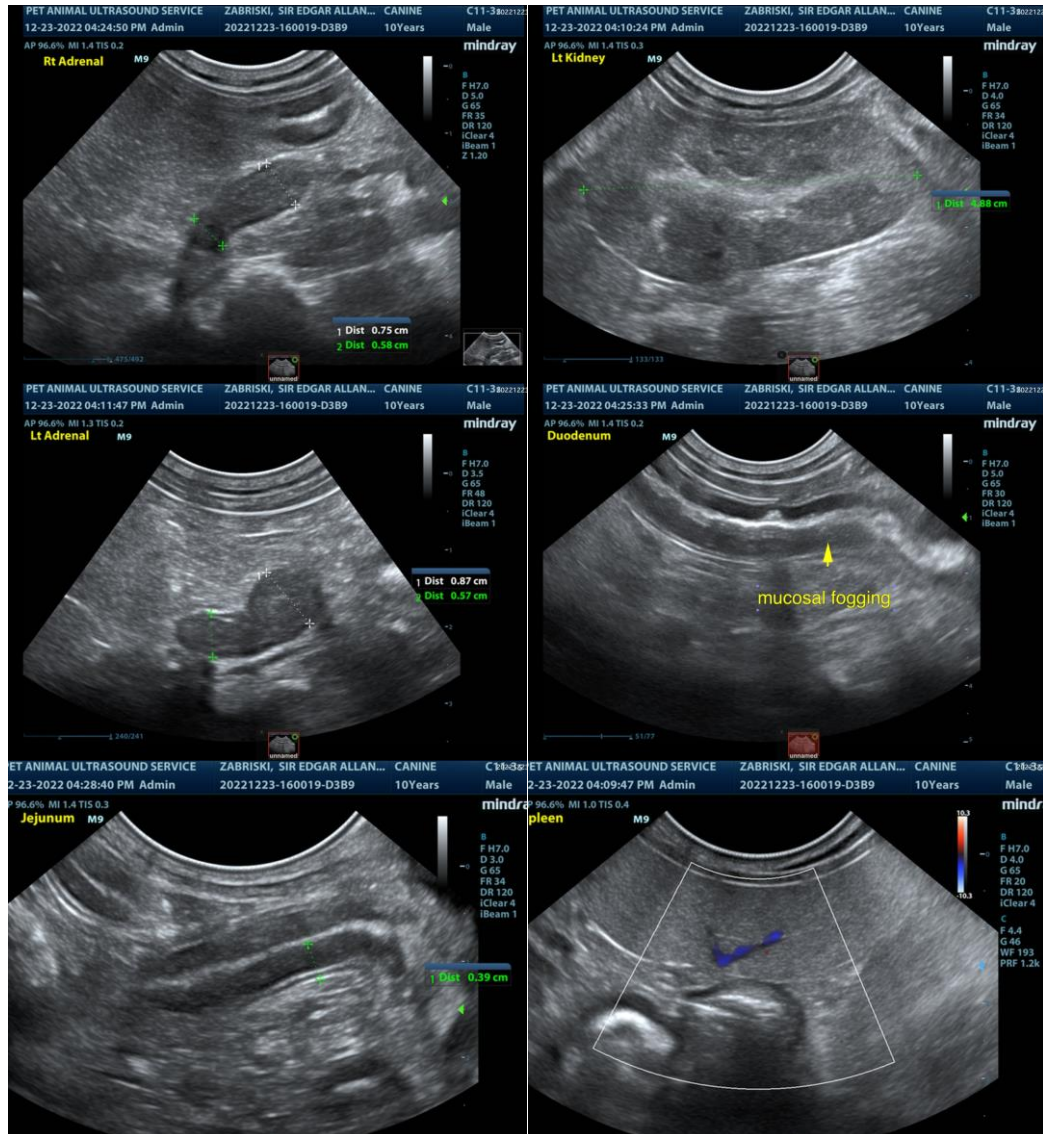
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
 Eric.Lindquist@SonoPath.com